

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title: Voice Over IP Conferencing Server System with Resource Selection Based on Quality of Service.

the specification of which

- (a) X is attached hereto.
- (b) ___ was filed on _____ as ___ Serial No. 0 / _____ or Express Mail No. _____, as Serial No. not yet known, and was amended on _____ if applicable).
- (c) ___ was described and claimed in PCT International Application No. _____ filed on _____ and amended under PCT Article 19 on _____ (if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability in accordance with Title 37, Code of Federal Regulations §1.56(a).

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

- (d) X no such applications have been filed.
- (e) ___ such applications have been filed as follows.

**EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35, USC 119
_____	_____	_____	___ Yes ___ No
_____	_____	_____	___ Yes ___ No

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Timothy P. O'Hagan, Reg. No. 39,319.

The undersigned to this declaration and power of attorney hereby authorizes the U.S. attorney(s) named herein to accept and follow instructions from Patty Wishart; Innomedia Inc.; 90 Rio Robles, Suite 100; San Jose, CA 95134; or any designee of such listed parties, as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorney(s) will be so notified by the undersigned.

Send Correspondence To:

Timothy P. O'Hagan
PO Box 1054
Portsmouth, NH 03802

Direct Telephone Calls To:

Timothy P. O'Hagan
603-343-1162 telephone
603-343-1162 fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued therein.

Full name of **sole or first inventor**: Arthur Vaysman
Inventor's signature: *A Vaysman*
Date: 7/25/01 Country of Citizenship: United States
Residence: Fremont, California
Post Office Address: 1381 Striper Common
Fremont, CA 94536

Full name of **second joint inventor**: _____
Inventor's signature: _____
Date: _____ Country of Citizenship: _____
Residence: _____
Post Office Address: _____

Full name of **third joint inventor**, if any: _____
Inventor's signature: _____
Date: _____ Country of Citizenship: _____
Residence: _____
Post Office Address: _____

CHECK FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
FORM A PART OF THIS DECLARATION

X This declaration ends with this page.

— Added page to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.